

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF YOLO**

**Please state below reason for disqualification: Mail form back to:**

**Jury Services**

**1000 Main Street**

**Woodland, CA 95695**

**Fax# 530-406-6826**

**Email: [juryservices@yolo.courts.ca.gov](mailto:juryservices@yolo.courts.ca.gov)**

**Website: [www.yolo.courts.ca.gov](http://www.yolo.courts.ca.gov)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

(Required)

- ☐ I am not domiciled in the State of California: Military provide branch and location/student out of county provide name of college you are attending.  
\_\_\_\_\_
- ☐ I no longer live in Yolo County: Please provide out of county address below  
\_\_\_\_\_
- ☐ I am not a Citizen of the United States. Please provide the Country you are a citizen of:  
\_\_\_\_\_
- ☐ I do not have sufficient knowledge of the English Language.
- ☐ Over the age of 70: Please provide a brief statement for your request to be excused. If you wish to be excused permanently please indicate permanently excuse.  
\_\_\_\_\_
- ☐ Under the age of 70: Please provide a letter from your doctor.
- ☐ Peace Officer as defined in the following sections under PC§830.1, PC§830.2(a)(b)(c), PC§ 830.33(a) - must provide agency name and badge number  
\_\_\_\_\_
- ☐ Financial hardship: Please provide a letter from your employer stating you are not compensated for jury duty/Self-employed provide a brief statement of your hardship in writing.
- ☐ I have a Felony Conviction as an adult and I have not petitioned the court to have my civil rights restored: Please provide County and estimated date of conviction.  
\_\_\_\_\_
- ☐ I have a verifiable, non-professional obligation to provide care for another between the hours of 8:00 am to 5:00pm Monday through Friday.

**Please Note:**

If signing for a family member or friend, you must sign the following.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_